

AVAILABILITY OF MODIFIED TEXT

NOTICE IS HEREBY GIVEN that Form Updates has proposed modifications to the text of section 3526, 3561, 3563, 3567, 3568, 3569, 3570, 3575, 3602, 3603, 3641, and 3662 of Articles 2, 4, 6, 8, and 9 of Chapter 6.5 of Title 10 of the California Code of Regulations which were the subject of a regulatory hearing on December 12, 2017. A copy of the modified text, including any documents incorporated by reference, is enclosed. The Bureau also added an addendum to the initial statement of reasons. Any person who wishes to comment on the proposed modifications may do so by submitting written comments on or before December 5, 2018, to the following:

Kyle Muteff
Attorney
Bureau of Real Estate Appraisers
1102 Q Street, Suite 4100
(916) 341-6126
kyle.muteff@brea.ca.gov

Materials regarding this proposal can be found at <http://brea.ca.gov/html/Rulemaking.html> and were mailed to interested parties and individuals who provided written comments or testimony at the regulatory hearing.

The Bureau of Real Estate Appraisers is proposing to modify documents incorporated by reference, specifically forms REA 3004 (Rev. 01/01/2017) and REA 3014 (Rev. 01/01/2017). The proposed modification is to strike the word "Typically five" and replace it with a capitalized "Five" from REA 3004 (Rev. 01/01/2017). The other modification is to REA 3014 (Rev. 01/01/2017) to replace "Correspondence (online)" to "Online" and replace "Correspondence" to "Online."

The Bureau of Real Estate Appraisers is also proposing to modify documents incorporated by reference, specifically form REA 5001 (Rev. 07/05/2017). This form is missing a page regarding consent to service of process. The Bureau added page four and "Part V" on page five as instructions for how to complete page four.

All proposed changes are shown in ~~strikeout~~ and underline.

Dated: November 19, 2018



Read All Directions on Page 3 of This Form Prior to Completing

Total Hours this Page	
Hours from Previous Page	
Total Hours	
Page of	

REA 3004 (Revised 01/01/2017) page 1 of 3

CERTIFICATIONS

APPLICANT CERTIFICATION

I, _____ (name), declare under penalty of perjury under the laws of the State of California that the foregoing information and information contained on the attached _____ (number) pages of the Log of Appraisal Experience (REA 3004) is true and correct and provided without any purpose of evasion or mental reservation.

For each appraisal report listed on this Log of Appraisal Experience (REA 3004), I have complied with all applicable standards, laws, and regulations in effect as of the date of report. With respect to this certification, I have complied with the applicable laws and regulations in effect on the date signed. These standards, laws, and regulations include the Uniform Standards of Professional Appraisal Practice (USPAP); the California Business and Professions Code, Division 4, Part 3; and the California Code of Regulations, Title 10, Chapter 6.5.

Further, I acknowledge that if I was not a signing appraiser for any of the appraisal reports listed on this Log of Appraisal Experience (REA 3004), that I was identified by name as providing significant real property appraisal assistance, and the extent of the assistance was described in the report, as delivered to the client, in compliance with the Uniform Standards of Professional Appraisal Practice.

I understand that providing false information is grounds for denial of my application, discipline on my license (if any) and criminal prosecution.

SIGNATURE _____

DATE _____

SUPERVISING APPRAISER'S CERTIFICATION

SEPARATE LOG PER SUPERVISOR

I, _____ (name), declare under penalty of perjury under the laws of the State of California that I have fully reviewed each appraisal listed on this Log of Appraisal Experience (REA 3004) and that I have initiated as the reviewing appraiser on the attached _____ (number) pages of this log. I attest to the accuracy of the information provided for each and every entry on this Log of Appraisal Experience (REA 3004).

For each appraisal report listed on this Log of Appraisal Experience (REA 3004), I have complied with all applicable standards, laws, and regulations in effect as of the date of report. With respect to this certification, I have complied with the applicable laws and regulations in effect on the date signed. These standards, laws, and regulations include the Uniform Standards of Professional Appraisal Practice (USPAP); the California Business and Professions Code, Division 4, Part 3; and the California Code of Regulations, Title 10, Chapter 6.5.

Further, I acknowledge that if Applicant was not a signing appraiser for any of the appraisal reports listed on this Log of Appraisal Experience (REA 3004), that Applicant was identified by name as providing significant real property appraisal assistance, and the extent of the assistance was described in the report, as delivered to the client, in compliance with the Uniform Standards of Professional Appraisal Practice.

I understand that providing false information is grounds for denial of my application, discipline on my license (if any) and criminal prosecution.

SIGNATURE _____

DATE _____

LICENSE NUMBER _____

DIRECTIONS

Appraisal assignments must be documented on the official Log of Appraisal Experience form REA 3004 (Revised 01/01/2017). Other formats will not be accepted. Follow the directions below.

CATEGORY OF EXPERIENCE - Print or type the category of experience claimed for the property listed on this line. All Categories of experience must conform with the applicable USPAP Standards.

Category 1 Fee and Staff Appraised

Category 2 Ad Valorem Tax Appraisal

Category 3 Review Appraisal (Limited to 400 hours of experience, but only after obtaining 1,600 hours of acceptable experience in other categories.)

Category 4 Appraisal Analysis (Is not acceptable for reports completed after January 1, 2014.)

Category 5 Real Estate Consulting (Is not acceptable for reports completed after January 1, 2014.)

Category 6 Highest and Best Use Analysis (Is not acceptable for reports completed after January 1, 2014.)

Category 7 Feasibility Analysis (Is not acceptable for reports completed after January 1, 2014.)
Category 8 (No longer eligible for experience credit).

Category 9 Setting Forth Opinions of Value of Real Property for Tax Purposes as an Employee of a California County Assessor's Office or the Board of Equalization. Appraisals must conform with USPAP.
Category 10 Assistance in Preparation of Appraisals (Limited to 400 hours of experience.)

Category 11 Real Estate Valuation Experience as a Real Estate Lending Officer or Real Estate Broker, but only to the extent that the experience is directly related to the actual performance or professional review of USPAP compliant Real Estate Appraisals.

PROPERTY ADDRESS - The street address, city and state of the property appraised and for which you are claiming experience. Assessor Parcel Numbers (APNs) are acceptable for vacant land if the State and County are also included. If the full address or acceptable APN/State/County combination are not included or are not legible, the experience may not be accepted.

TYPE OF PROPERTY - The type of property appraised (i.e., SFR, Res. 2-4 family, commercial, industrial, land, etc.).

COMPLEX ASSIGNMENT - For AR applicants only. Complex assignments: ownership right or interest is unusual (partial interest, mineral rights, etc.); and/or the property has unusual physical, legal, economic or functional characteristics.

DESCRIPTION OF WORK PERFORMED BY APPLICANT - Describe the extent of the work performed on the appraisal by the applicant. To qualify for experience credit, the nature of the work must involve appraiser judgment, not only research or clerical tasks. The applicant must be a report signatory or must be acknowledged in the report as providing significant real property appraisal assistance.

SCOPE OF SUPERVISING APPRAISERS REVIEW - Describe the scope of the review process undertaken including the supervising appraiser's level of verification and analysis.

SCOPE OF SUPERVISING APPRAISER'S SUPERVISION - Describe the level of supervision. This could range from completing the entire appraisal process with the applicant including the physical inspection of the property, data selection and verification, analysis and final preparation of the report to a mere oversight of the appraisal process. The degree of oversight depends upon the appraiser's level of experience and the complexity of the subject property.

DATE OF REPORT - The date the appraisal report was completed/signed. The span of log(s) must total at least the minimum required for the licensing level sought (e.g. 30 months for AG) but need not involve consecutive months.

INTENDED USER - The name of the intended user of the appraisal.

NUMBER OF HOURS - The number of hours spent to complete the appraisal report.

TOTAL HOURS THIS PAGE - Total number of hours documented for the page.

HOURS FROM PREVIOUS PAGES - Total number of hours documented from previous pages of the log. If this is page one of the log list zero.

TOTAL HOURS - Hours from previous pages of the log and the current page totaled.

PAGE - The page number for the log submitted.

OF - The total number of pages for the log.

SUPERVISING APPRAISER - Each page must be initiated by the supervising appraiser if the work was performed under the guidance of a supervisor. When reporting appraisal experience under the guidance of more than one supervisor, a separate REA 3004 form must be completed for each.

DATE - The date the supervising appraiser signed the log sheet(s). The log sheet(s) should be reviewed, signed and dated upon completion of each page.

CERTIFICATIONS

Applicant Certification - Required of all applicants submitting an experience log.

Supervising Appraiser's Certification - Required from all supervising appraisers. Applicants must use a separate form REA 3004 for each supervising appraiser. The signed Certification(s) must be from the Log of Appraisal Experience form REA 3004 current as of the date the Certification(s) are signed. Outdated Certifications will not be accepted.

WORK SAMPLES (Please read carefully) Five

BREA licensing staff will contact the applicant regarding the submission of work samples selected from the Log of Appraisal Experience. Typically five work samples will be requested. Work samples must be Self-Contained or Summary Appraisal Reports if completed prior to 2014 or must be prepared under the Appraisal Report reporting option if completed in 2014, or after (restricted reports do not qualify for experience credit). All work samples must be in conformance with the Uniform Standards of Professional Appraisal Practice (USPAP). If any of the work samples are found to not conform with USPAP or if the Log(s) of Appraisal Experience are not filled out properly, all experience may be rejected. Only appraisal reports performed for a business purpose qualify for appraisal experience. All work samples submitted to BREA must be "true and correct" copies of what was communicated to the client. In substantiating appraisal experience, BREA may obtain appraisal report copies from a variety of sources, including the client. Work samples provided to the BREA by the applicant must match the appraisal reports communicated to the client.

Privacy Information

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. Each individual has the right to review personal information maintained by this Agency, unless access is exempted by law.

Bureau of Real Estate Appraisers

Custodian of Records

1102 Q Street, Suite 4100

Sacramento, CA 95811

Telephone: (916) 552-9000

General powers of the Chief, Sections 11310 and 11313 of the Business and Professions Code authorizes the maintenance of this information. Business and Professions Code Section 30, Chapter 1361, Section 1, requires each real estate appraiser licensee to initially provide to the Bureau of Real Estate Appraisers his or her social security number or individual taxpayer identification number which will be furnished to the Franchise Tax Board. Your social security number or individual taxpayer identification number shall not be deemed a public record and shall not be open to the public for inspection. The Franchise Tax Board will use your number to establish identification exclusively for tax purposes. The Real Estate Appraisers Law or Regulations of the Chief require applicants to provide the Bureau of Real Estate Appraisers with specific information. If all or any part of the required information is not provided, processing may be delayed. In addition, the Chief may suspend or revoke a license, or in the case of a license applicant, may deny the issuance for misstatements of facts (including a failure to disclose a material fact) in an application for a license. The information requested in this form is primarily used to furnish license status information to the Bureau of Real Estate Appraisers, and to answer inquiries and give information to the public on license status, mailing addresses and actions taken to deny, revoke, restrict or suspend licenses for cause. This information may be transferred to real estate appraisal licensing agencies in other states, law enforcement agencies (City Police, Sheriff's Departments, District Attorneys, Attorney General, FBI), and any other regulatory agencies (included, but not limited to, Department of Business Oversight, Department of Insurance, Bureau of Real Estate, Department of Consumer Affairs, California Bar Association, Appraisal Subcommittee).



COURSE ACCREDITATION AND DESCRIPTION
Review Course Provider Handbook Prior to Completing this Form

1. Legal Name of Course Provider			
2. Name and Phone Number of Person Authorized to Act on Behalf of Chief Executive Officer			
Name		Phone	
3. Main Office Location			
Number, Street and Suite Number			
City		County	State
			Zip Code
4. Type of Course			
<input type="checkbox"/> Basic Education		<input type="checkbox"/> Continuing Education	
5. Number of Courses			
6. Course Titles (use additional sheets if necessary)			

ATTACH A SEPARATE COURSE DESCRIPTION FORM (PAGE 2 OF THIS FORM) FOR EACH
CLASS IDENTIFIED IN ITEM 6 ABOVE

CHIEF EXECUTIVE OFFICER DECLARATION

I, _____ (name), declare under penalty of perjury under the laws of the State of California that the foregoing information and information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation. I understand that providing false information is grounds for denial or revocation of any accreditation and may subject me to disciplinary action and/or criminal prosecution and punishment by imprisonment in state prison for 2, 3 or 4 years.

Executed this _____ day of _____ at _____ (city or county)
_____ (state).

Signature: _____

Title (please print): _____

Name (please print): _____

MUST BE SIGNED BEFORE AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA

COURSE DESCRIPTION
(each course requires a separate form)

1. Course Title
2. Prerequisites
3. Course Length in Hours
4. Textbooks and Other Required Student Material
5. Type of Course <u>Online</u>
<input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence (online) : <input type="checkbox"/> IDECC - Approved <input type="checkbox"/> U.S. Department of Education Approved

REQUIRED COURSE ATTACHMENTS

- ☐ Textbooks and other material.
- ☐ Proposed advertising and promotional materials for each course.
- ☐ Outline or syllabus.
- ☐ At least two different final examinations, with exam key. (Not required for continuing education courses.)
- ☐ Listing of dates, by location, when the course was previously offered, or if not yet presented, the proposed first date and location the course will be offered.
- ☐ For online courses, the reading assignment listing, with page references.
- ☐ Complete **BREA Topic Matrix (REA 3015)** for basic education courses only (not required for continuing education courses).

REQUIRED PROVIDER ATTACHMENTS

Policy statements, online or other verification of the following information, if different than those previously approved for the course provider:

- | | |
|--|---|
| <input type="checkbox"/> Attendance Policy
<input type="checkbox"/> Grading Policy
<input type="checkbox"/> Instructor Minimum Qualifications
<input type="checkbox"/> Refund and Re-Examination Policy | <input type="checkbox"/> Final Exam Policy
<input type="checkbox"/> Record Maintenance and Retention Policy
<input type="checkbox"/> Subcontracting Policy
<input type="checkbox"/> Sample of the Course Completion Certificates |
|--|---|

READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS APPLICATION

- Do not write in the shaded areas.
- Type or print clearly in blue or black ink.
- Applications must be legible and contain an original signature.
- All fees must be paid by pre-printed personal check, company check, cashier's check, certified check, money order or credit card.
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.
- Please refer to <http://www.brea.ca.gov/html/LicensingFees.html> for current application fees.
- Submit a *BREA Topic Matrix (REA 3015)* for each basic education course.
- All out-of-state addresses require a complete and notarized Consent to Service of Process (REA 3006).
- If you have any questions, please write to the address listed below or call (916) 552-9000.
- Mail completed application, necessary fees and qualifying documentation to:

Bureau of Real Estate Appraisers
1102 Q Street, Suite 4100
Sacramento, CA 95811

INSTRUCTIONS

- 1. LEGAL NAME OF COURSE PROVIDER** - The legal name of the course provider.
- 2. NAME AND PHONE NUMBER OF PERSON AUTHORIZED TO ACT ON BEHALF OF CHIEF EXECUTIVE OFFICER** - Name of person authorized to act on behalf of CEO for course provider and individual matters. Include a written letter of authorization from the CEO.
- 3. MAIN OFFICE LOCATION** - Insert mailing address
- 4. TYPE OF COURSE** - Indicate whether the courses to be approved are for basic education or continuing education.
- 5. COURSE TITLES** - List the titles of the courses to be approved. Use additional sheets if necessary.

COURSE DESCRIPTION

- 1. COURSE TITLE** - The title of the course to be approved.
- 2. PREREQUISITES** - The minimum requirements needed in order to attend the course. Attach additional sheets if necessary.
- 3. COURSE LENGTH IN HOURS** - The number of hours for the course duration (including the final examination if applicable).
- 4. TEXTBOOKS AND OTHER REQUIRED STUDENT MATERIALS** - The name of the textbook used for the course. List all materials students are required to have in order to attend the course. Attach additional sheets if necessary.
- 5. TYPE OF COURSE** - Indicate whether the course to be approved is a classroom course or an online course.

REQUIRED ATTACHMENTS - Submit the following attachments with this form:

- Textbooks and other student materials;
- Proposed advertising and promotional materials;
- Outline or syllabus;
- At least two different final examinations, with exam key (not required for continuing education courses);
- Listing of dates, by location, when the course was previously offered, or if not yet presented, the proposed first date and location the course will be offered;
- For ~~Correspondence~~ ^{Online}, the reading assignment listing, with page references; and
- Complete *BREA Topic Matrix (REA 3015)* for basic education courses only.

Privacy Information

Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. Each individual has the right to review personal information maintained by this Agency, unless access is exempted by law.

Bureau of Real Estate Appraisers
Custodian of Records
1102 Q Street, Suite 4100
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Telephone: (916) 552-9000

General powers of the Chief, Sections 11310 and 11313 of the Business and Professions Code authorizes the maintenance of this information. Business and Professions Code Section 30, Chapter 1361, Section 1, requires each real estate appraiser licensee to initially provide to the Bureau of Real Estate Appraisers his or her social security number or individual taxpayer identification number which will be furnished to the Franchise Tax Board. Your social security number or individual taxpayer identification number shall not be deemed a public record and shall not be open to the public for inspection. The Franchise Tax Board will use your number to establish identification exclusively for tax purposes. The Real Estate Appraisers Law or Regulations of the Chief require applicants to provide the Bureau of Real Estate Appraisers with specific information. If all or any part of the required information is not provided, processing may be delayed. In addition, the Chief may suspend or revoke a license, or in the case of a license applicant, may deny the issuance for misstatements of facts (including a failure to disclose a material fact) in an application for a license. The information requested in this form is primarily used to furnish license status information to the Bureau of Real Estate Appraisers, and to answer inquiries and give information to the public on license status, mailing addresses and actions taken to deny, revoke, restrict or suspend licenses for cause. This information may be transferred to real estate appraisal licensing agencies in other states, law enforcement agencies (City Police, Sheriff's Departments, District Attorneys, Attorney General, F.B.I.), and any other regulatory agencies (included, but not limited to, Department of Business Oversight, Department of Insurance, Bureau of Real Estate, Department of Consumer Affairs, California Bar Association, Appraisal Subcommittee).



APPRAISAL MANAGEMENT COMPANY CERTIFICATE OF REGISTRATION APPLICATION

Read All Directions in Parts IV and V Prior to Completing this Application.

PART I: Applicant Information

A. Appraisal Management Company (AMC)

1. Name			
2. Mailing Address (Address of Record)			
Address			
City		State	Zip Code
3. Business Telephone Number		4. Business Fax Number (optional)	

B. Designated Officer

(Note: The Designated Officer MUST be included on the AMC list of qualified Controlling Persons (see Parts II, IV and V below.)

1. Name		
Last	First	M.I.
2. Title		
3. Residence Telephone Number		4. Business Email Address (optional)
Home	Cell	

C. Type of Entity

1. Legal Structure. Check the box that applies to the business entity type of the applicant.

<input type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> Domestic LLC	<input type="checkbox"/> Foreign LLC	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other *
If "Other" describe:			

2. Formation and Operation Documents. Submit Articles of Incorporation, Articles of Organization, Statement of Partnership, or equivalent formation documents verifying the legal formation of the AMC (if any) and the Operating Agreements, Corporate by-laws, Partnership Agreement, or operation documents of the AMC (if any). Attach to this application.

PART II: Controlling Person(s) Information

1. List each name of all "Controlling Persons" of the AMC Including the Designated Officer.

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

2. A separate "Appraisal Management Company (AMC) Controlling Person Application" (REA 5002) form must be included for each of the above listed Controlling Persons and submitted with this AMC application (REA 5001).

PART III: Registration Details

Has the AMC ever had a certificate of registration denied, suspended, restricted, revoked or disciplined in any way in this state or any other state? If yes, complete "Registration Details" section below.

In addition you must submit a certified copy of the administrative agency's investigative report, and certified copies of the administrative agency's docket, complaint, accusation or other order."

REGISTRATION DETAILS			
Type of Registration	Registration ID No.	Registration Expiration Date	State
Action (revoked, etc.)	Date of Action	Date Action Terminated	Code Section Violated
ADDITIONAL INFORMATION: ATTACH EXTRA SHEETS IF MORE ROOM IS NEEDED. EACH ADDITIONAL SHEET MUST BE SIGNED AND DATED.			

PART IV: Application Declaration

I, _____ (name), certify under penalty of perjury in accordance with California law, that I am the Designated Officer and duly authorized as such and understand and agree, individually and on behalf of _____ (name of AMC), to abide by all federal and California laws applicable to appraisal management companies receiving and maintaining a Certificate of Registration under California law. In addition, I certify that _____ (name of AMC) is legally formed pursuant to the applicable state law and, further, that _____ (name of AMC) shall comply with all California laws as necessary in order to validly operate in California. I declare under penalty of perjury in accordance with California law that I am 18 years of age or older and that the foregoing information and information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation. I understand that providing false information is grounds for denial or revocation of any certificate of registration and may subject me to disciplinary action and/or criminal prosecution and punishment by imprisonment in state prison for 2, 3 or 4 years pursuant to Penal Code section 126.

Executed this _____ day of _____ at _____ (city or county)
_____ (state).

Signature _____

Name (please print) _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of _____,

On _____, before me, _____ (insert name and title of the officer), personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature
(Seal)

MUST BE SIGNED AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA

PART V: Agent for Service of Process

This section is to be completed if the Applicant is not domiciled in California. Provide the name and contact information for the person or entity authorized as the Applicant's agent for service of process within California. This agent for service of process must complete the declaration below and have this document notarized prior to submittal.

1. Name			
Last		First	M.I.
2. Title			
3. Address (P.O. Boxes not allowed)			
Address			
City		State	Zip Code
4. Business Telephone Number		5. Business Fax Number	

I, _____ (name), am authorized to act as Agent for service of process in the State of California on behalf of _____ (name of AMC), an entity organized and existing under the laws of the State of _____ (current resident state), for purposes of this application before the Chief of the Bureau of Real Estate Appraisers of the State of California to obtain an AMC Certificate of Registration and, thereafter, to operate as a valid AMC in accordance with California law and all of the rights and obligations associated therewith, and I do hereby certify:

1. The complete address within California whereby I, on behalf of _____ (name of AMC) may be served with process by the Chief of the Bureau of the Real Estate Appraisers or his/her designee is as follows:

Address		
City	State	Zip Code

2. That service of process on _____ (name of AMC) shall be deemed service of process on each and every Controlling Person individually (as identified by Applicant herein and/or as updated by *Change Notification and Miscellaneous Requests* Form REA 3011, as consistent with the duties and obligations of a Controlling Person within _____ (name of AMC).
3. That the Applicant hereby irrevocably consents that if, in any action commenced against it by the Chief of the Bureau of Real Estate Appraisers or his designee, service of process upon it cannot be made in California after the exercise of due diligence, a valid service may thereupon be made upon it by delivering the process to the Chief of the Bureau of Real Estate Appraisers of the State of California.
4. That, following such service of process pursuant to the irrevocable consent authorized herein, the Chief of the Bureau of Real Estate Appraisers of the State of California may mail a copy of any such process to the _____ (name of AMC), at the following address:

Address		
City	State	Zip Code

IN WITNESS WHEREOF, I, _____ (Agent Name for service of process) have subscribed my name hereto this _____ (day) day of _____ (month), _____ (year) at _____ (city), _____ (state).

Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____, County of _____,

On _____, before me, _____ (insert name and title of the officer), personally appeared, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature

(Seal)

MUST BE SIGNED AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA

PART IV. READ THE FOLLOWING INFORMATION PRIOR TO COMPLETING THIS FORM

A. GENERAL INFORMATION

- Complete all sections of Parts I, II and III above.
- Do not write in the shaded areas.
- Type or print clearly in blue or black ink.
- The Designated Officer must sign Part III after AMC completion of Parts I and II. Applications must be submitted with original signatures. Applications with electronic or faxed signatures will not be accepted.
- Please refer to <http://www.brea.ca.gov/html/LicensingFees.html> for current license application fees.
- All application fees must be paid by pre-printed personal check, company check, cashier's check, certified check, money order, or credit card (see REA 2030 to pay by credit card).
- All application fees are non-refundable.
- Once BREa approves an AMC applicant and each associated Controlling Person Application, an Issuance Fee will be due to BREa prior to issuance of the final Certificate of Registration.
- Appraisal management companies MUST notify the BREa within 10 business days of any change to contact information for the Designated Officer or any Controlling Person by submitting an Appraisal Management Company Change Notification and Miscellaneous Requests Form REA 5011.
- Mail completed application, necessary fees and qualifying documentation to:
BUREAU OF REAL ESTATE APPRAISERS
1102 Q Street, Suite 4100
Sacramento, CA 95811
If you have any questions, please write to the address listed above or call (916) 552-9000

PART V: Instructions

A. INSTRUCTIONS PART I: Applicant Information

INSTRUCTIONS PART I. A.: AMC

1. NAME OF AMC – List the name of the AMC for which you are submitting this application for certificate of registration.
2. BUSINESS STREET ADDRESS – List the business address of the AMC for which you are submitting this application for certificate of registration. **Note: the required information is public record.**
3. BUSINESS TELEPHONE NUMBER – List the business telephone number of the AMC for which you are submitting this application for certificate of registration. **Note: the required information is public record.**
4. BUSINESS FAX NUMBER – List the business fax number of the AMC for which you are submitting this application for certificate of registration.

INSTRUCTIONS PART I. B.: Designated Officer

1. NAME OF DESIGNATED OFFICER – List the name of the company's Designated Officer. The Designated Officer must also be a listed Controlling Person and submit an *Appraisal Management Company (AMC) Controlling Person Application* form REA 5002 with this application.
2. TITLE OF DESIGNATED OFFICER – List the official title of the company's Designated Officer (i.e. President, Director, etc.) held within the company.
3. RESIDENCE PHONE NUMBER OF DESIGNATED OFFICER – List the residence phone number for the Designated Officer.
4. BUSINESS EMAIL ADDRESS OF DESIGNATED OFFICER – List the business email address for the Designated Officer of the company.

INSTRUCTIONS PART I. C.: Type of Entity

1. LEGAL STRUCTURE – Check the box that describes the business entity type of the AMC. If the type is not listed, please provide a description.
2. FORMATION AND OPERATION DOCUMENTS – Provide copies of the documents authorizing the valid formation of Applicant under the laws of the state in which it is organized.

B. INSTRUCTIONS PART II: Controlling Person(s) Information

1. NAMES OF CONTROLLING PERSON(S) – List the full names of each "Controlling Person" of the AMC for which you are submitting this application for certificate of registration including the Designated Officer. Please refer to Part IV Section C for a definition of "Controlling Person".
2. CONTROLLING PERSON APPLICATION (REA 5002) – Attach a completed *Appraisal Management Company (AMC) Controlling Person Application* form REA 5002 for each individual listed as a Controlling Person, including the Designated Officer.

C. INSTRUCTIONS PART III: Registration Details

1. REGISTRATION DETAILS – Include any information regarding if the AMC has previously had a certificate of registration denied, suspended, restricted, revoked or disciplined in any way in this state or any other state? If yes, complete "Registration Details" section.

D. INSTRUCTIONS PART IV: Application Declaration

1. APPLICATION DECLARATION – The Designated Officer of the AMC shall read, sign and date the Application Declaration. If executed outside of the State of California, this declaration must be signed before and certified by a notary public. This form must be signed by the named "Designated Officer" listed in Part I section B of the application.

E. INSTRUCTIONS PART V: Agent for Service of Process

1. All applicants not domiciled in California must complete this section to allow service of process in California.

Privacy Information - Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. Each individual has the right to review personal information maintained by this Agency, unless access is exempted by law. General powers of the Chief, Sections 11310 and 11313 of the Business and Professions Code authorizes the maintenance of this information. Business and Professions Code Section 30, Chapter 1361, Section 1, requires each real estate appraiser licensee to initially provide to the Bureau of Real Estate Appraisers his or her social security number or individual taxpayer identification number which will be furnished to the Franchise Tax Board. Your social security number or individual taxpayer identification number shall not be deemed a public record and shall not be open to the public for inspection. The Franchise Tax Board will use your number to establish identification exclusively for tax purposes. The Real Estate Appraisers Law or Regulations of the Chief require applicants to provide the Bureau of Real Estate Appraisers with specific information. If all or any part of the required information is not provided, processing may be delayed. In addition, the Chief may suspend or revoke a license, or in the case of a license applicant, may deny the issuance for misstatements of facts (including a failure to disclose a material fact) in an application for a license. The information requested in this form is primarily used to furnish license status information to the Bureau of Real Estate Appraisers, and to answer inquiries and give information to the public on license status, mailing addresses and actions taken to deny, revoke, restrict or suspend licenses for cause. This information may be transferred to real estate appraisal licensing agencies in other states, law enforcement agencies (City Police, Sheriff's Departments, District Attorneys, Attorney General, FBI), and any other regulatory agencies (included, but not limited to, Department of Business Oversight, Department of Insurance, Bureau of Real Estate, Department of Consumer Affairs, California Bar Association, Appraisal Subcommittee).

Bureau of Real Estate Appraisers
Custodian of Records
1102 Q Street, Suite 4100
Sacramento, CA 95811
Telephone: (916) 552-9000



LOG OF APPRAISAL EXPERIENCE

Read All Directions on Page 3 of This Form Prior to Completing

Category of Experience	Property Address (City, State, Zip)	Type of Property	Complex Assignment Y/N (AR only)	Description of Work Performed by Applicant	Scope of Supervising Appraiser's Review	Scope of Supervising Appraiser's Supervision (level of supervision)	Date of Report	Intended User	Number of Hours
------------------------	-------------------------------------	------------------	----------------------------------	--	---	---	----------------	---------------	-----------------

(This area is crossed out with a large X, indicating it is not to be used for this purpose.)

Reviewed By _____ Date _____

Total Hours this Page _____
 Hours from Previous Page _____
 Total Hours _____ of _____
 Page _____

FOR OREA USE ONLY

APPLICANT CERTIFICATION:

I, _____ (*name*),
declare under penalty of perjury that the foregoing information
and information contained on the attached _____ (*number*) pages
is true and correct and that I have answered each question fully and
truthfully and without any purpose of evasion or mental reservation. I
understand that signing this statement under false pretense is grounds
for denial or revocation of any license and may subject me to
disciplinary action and/or criminal prosecution and punishment by
imprisonment in state prison for 2, 3, or 4 years.

Executed this _____ day of _____
at _____ (city or county) _____ (state)

SIGNATURE

NAME (please print)

~~MUST BE SIGNED BEFORE AND CERTIFIED BY A NOTARY PUBLIC
IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA.~~

SUPERVISING APPRAISER'S CERTIFICATION
Required for Trainee Licensees Upgrading their License

I, _____ (name) declare under penalty of perjury that I have fully reviewed each appraisal listed on this *Log of Appraisal Experience* and that those listed on the attached _____ (number) pages of this log which I have initialed as the reviewing appraiser, I understand that signing this statement under false pretense is grounds for denial or revocation of any license and may subject me to disciplinary action and/or criminal prosecution and punishment by imprisonment in state prison for 2, 3, or 4 years.

Executed this _____ day of _____
at _____ (city or county) _____ (state) _____

SEPARATE

LOG

PER

SUPERVISOR

SIGNATURE

NAME (please print)

LICENSE or CERTIFICATE NUMBER

**MUST BE SIGNED BEFORE AND CERTIFIED BY A NOTARY PUBLIC
IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA:**

READ THE FOLLOWING INFORMATION PRIOR TO COMPLETING THIS FORM

- Do not write in the shaded areas.
- Type or print clearly in blue or black ink.
- Applications must be legible and contain an original signature.
- A completed Experience Log Summary (REA 3003) MUST accompany the application.
- All fees must be paid by pre-printed personal check, company check, cashier's check, certified check, money order or government purchase order.
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.
- Mail completed applications, fees and required documents to:

OFFICE OF REAL ESTATE APPRAISERS
 1102 Q Street, Suite 4100
 Sacramento, CA 95811

CATEGORY OF EXPERIENCE - Print the category of experience claimed for the property listed on this line.

- Category 1 Fee and Staff Appraisal
- Category 2 Ad Valorem Tax Appraisal
- Category 3 Review Appraisal
- Category 4 Appraisal Analysis
- Category 5 Real Estate Counseling
- Category 6 Highest and Best Use Analysis
- Category 7 Feasibility Analysis
- Category 8 Teaching Appraisal Courses (no longer eligible for experience credit)
- Category 9 Setting Forth Opinions of Value of Real Property for Tax Purposes as an Employee of a County Assessor's Office or the Board of Equalization. Appraisals must conform with USPAP.
- Category 10 Assistance in Preparation of Appraisals
- Category 11 Real Estate Valuation Experience as a Real Estate Lending Officer or Real Estate Broker, but only to the extent that the experience is directly related to the actual performance of professional review of Real Estate Appraisals. Refer to the current *Real Estate Appraiser Licensing Requirements Handbook* for a complete description of the listed categories and the categories which require work samples.

PROPERTY ADDRESS - The street address, city and state of the property for which you are claiming experience.

TYPE OF PROPERTY - The type of property appraised (i.e., SFR, Res. 1-4, dup., commercial, industrial, land, etc.).

COMPLEX ASSIGNMENT - Was the property atypical in nature?

DESCRIPTION OF WORK PERFORMED BY APPLICANT - Describe the extent of the work performed on the appraisal by the Applicant.

SCOPE OF SUPERVISING APPRAISER'S REVIEW - Describe the scope of the review process undertaken including the reviewer's level of verification and analysis.

SCOPE OF SUPERVISING APPRAISER'S SUPERVISION - Describe the level of supervision. This could range from completing the entire appraisal process with the appraiser including the physical inspection of the property, data selection and verification, analysis and final preparation of the report to a mere oversight of the appraisal process. The degree of variation depends upon the appraiser's level of experience and the complexity of the subject property.

DATE OF REPORT - The date the appraisal report was completed.

INTENDED USER - The name of the intended user of the property.

NUMBER OF HOURS - The number of hours spent to complete the appraisal report.

TOTAL HOURS THIS PAGE - Total number of hours documented for the page.

HOURS FROM PREVIOUS PAGES - Total number of hours documented from previous pages of the log. If this is page one of the log list zero.

TOTAL HOURS - Hours from previous pages of the log and the current page totaled.

PAGE - The page number for the log submitted.

OF - The total number of pages for the log.

REVIEWED BY - Must be initiated by the supervising appraiser of a Trainee Licensee. Trainee Licensees upgrading their license must have each page initiated and the final certification signed by their supervising appraiser.

DATE - The date the supervising appraiser signed the log sheet. The log sheet should be reviewed, signed and dated upon completion of each page.

CERTIFICATIONS

Applicant Certification - Required of all applicants submitting an experience log. **Supervising Appraiser's Certification** - Required from all supervising appraisers when a Trainee Licensee upgrades his/her license. Applicants must use a separate form REA 3004 for each supervising appraiser.

WORK SAMPLES

OREA licensing staff will contact the applicant regarding the submission of work samples based on the work experience log submitted with the license application. Two work samples will be requested from the log of appraisal experience. Work samples must be self contained or summary reports (restricted reports do not qualify for experience credit) and all must be in conformance with all requirements of the Uniform Standards of Professional Appraisal Practice (USPAP). If any of the work samples are found to not conform with USPAP, all experience prior to receipt of the application may be rejected.



COURSE ACCREDITATION AND DESCRIPTION

Review Course Provider Handbook Prior to Completing this Form

1. Legal Name of Course Provider

2. Name and Phone Number of Person Authorized to Act on Behalf of Chief Executive Officer
Name _____ Phone _____ ()

3. Main Office Location
Number, Street and Suite Number _____
City _____ County _____ State _____ Zip Code _____

4. Type of Course
☐ Basic Education ☐ Continuing Education

5. Number of Courses _____

6. Course Titles (use additional sheets, if necessary)

ATTACH A COURSE DESCRIPTION FORM FOR EACH CLASS IDENTIFIED IN ITEM 6 ABOVE

CEO DECLARATION

I, _____ (name), declare under penalty of perjury that the foregoing information information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without purpose of evasion or mental reservation. I understand that providing false information is grounds for denial or revocation of any accreditation or license and may subject me to disciplinary action and/or criminal prosecution and punishment by imprisonment in state prison for 2, 4 years.

Executed this _____ day of _____ at _____ (city or county)
_____ (state).

Signature: _____

Title (please print): _____

Name (please print): _____

MUST BE SIGNED BEFORE AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA

1. Course Title
2. Prerequisites
3. Course Length in Hours
4. Textbooks and Other Required Student Materials
5. Type of Course
<input type="checkbox"/> Classroom
<input type="checkbox"/> Correspondence

REQUIRED COURSE ATTACHMENTS

- ☐ Textbooks and other student materials
- ☐ Proposed advertising and promotional materials for each course
- ☐ Outline or syllabus
- ☐ At least two different final examinations, with exam key. (Not required for continuing education courses.)
- ☐ Listing of dates, by location, when the course was previously offered, or if not yet presented, the proposed first date and location the course will be offered.
- ☐ For correspondence courses, the reading assignment listing, with page references.
- ☐ Complete *OREA Topic Matrix* (REA 3015) for basic education courses only (Not required for continuing education courses).

REQUIRED PROVIDER ATTACHMENTS

Policy statements, correspondence or other verification of the following information, if different than those previously approved for the course provider:

- | | |
|---|---|
| <input type="checkbox"/> Attendance Policy | <input type="checkbox"/> Final Examination Policy |
| <input type="checkbox"/> Grading Policy | <input type="checkbox"/> Record Maintenance and Retention Policy |
| <input type="checkbox"/> Instructor Hiring Policy | <input type="checkbox"/> Subcontracting Policy |
| <input type="checkbox"/> Refund and Re-Examination Policy | <input type="checkbox"/> Sample of the Course Completion Certificates |

- Do not write in the shaded areas.
Type or print clearly in blue or black ink.
- Applications must be legible and contain an original signature.
- All fees must be paid by pre-printed personal check, company check, cashier's check, certified check, money order or government purchase order.
- Fees cannot be refunded. By statute, all fees submitted are deemed earned upon receipt.
- Submit an *OREA Topic Matrix* (REA 3015) for each basic education course.
- All out-of-state addresses require a completed and notarized *Certificate of Service of Process* (REA 3006).
- If you have any questions, please write to the address listed below or call (916) 263-0722.
- Mail completed application, necessary fees and quality documentation to:

OFFICE OF REAL ESTATE APPRAISERS
1755 Creekside Oaks Drive, Suite 190
Sacramento, CA 95833

FEES

BASIC EDUCATION

CONTINUING EDUCATION

MULTIPLE COURSE REVIEW FEE

COURSE REVIEW FEE

Application Review Fee	\$150
1 to 5 Courses	\$350 per course
6 or more Courses	\$250 per course for each course over 5 courses

Application Review Fee	\$150
Up to 14 Hours	\$ 50
15 to 29 Hours	\$100
Each additional 14 hour segment or portion thereof	\$ 50

INSTRUCTIONS

- LEGAL NAME OF COURSE PROVIDER**--The legal name of the course provider.
- NAME AND PHONE NUMBER OF PERSON AUTHORIZED TO ACT ON BEHALF OF CHIEF EXECUTIVE OFFICER**--Name of person authorized to act on behalf of CEO for course provider and individual matters. Include a written letter of authorization from the CEO.
- MAIN OFFICE LOCATION**--Do not list a P.O. Box, Rural Route or Star Route. If a physical address is not available, indicate the physical location (i.e., the nearest intersection and distance from it).
- TYPE OF COURSE**--Indicate whether the courses to be approved are for basic education or continuing education.
- COURSE TITLES**--List the titles of the courses to be approved. Use additional sheets if necessary.

COURSE DESCRIPTION

- COURSE TITLE**--The title of the course to be approved.
- PREREQUISITES**--The minimum requirements needed in order to attend the course. Attach additional sheets if necessary.
- COURSE LENGTH IN HOURS**--The number of hours for the course duration (including the final examination for basic education courses).
- TEXTBOOKS AND OTHER REQUIRED STUDENT MATERIALS**--The name of the textbook used for the course. List all materials students are required to have in order to attend the course. Attach additional sheets if necessary.
- TYPE OF COURSE**--Indicate whether the course to be approved is a classroom course or a correspondence course.

REQUIRED ATTACHMENTS--Submit the following attachments with this form:

- Textbooks and other student materials;
- Proposed advertising and promotional materials
- Outline or syllabus;
- At least two different final examinations, with exam key (not required for continuing education courses);
- Listing of dates, by location, when the course was previously offered, or if not yet presented, the proposed first date and location the course will be offered.
- For correspondence courses, the reading assignment list with page references; and
- Complete *OREA Topic Matrix* (REA 3015) for basic education courses only.



Rec'd
App Rev
FP

OREAL SE ONLY

Overpay
Misc

Type Remit
☐ CC
☐ MO
☐ PO

APPRAISAL MANAGEMENT COMPANY CERTIFICATE OF REGISTRATION APPLICATION
Read All Directions in Parts IV and V Prior to Completing this Application. Refer to Part IV Section C for Definitions of Appraisal Management Company, Controlling Person, and Designated Officer.

PART I: Applicant Information

A. Appraisal Management Company (AMC)

1. Name

2. Business Street Address (P.O. Boxes not allowed)

Address

City

State

Zip Code

3. Business Telephone Number

4. Business Fax Number

B. Designated Officer

(Note: The Designated Officer MUST be included on the AMC list of qualified Controlling Persons (see Parts II, IV and V below.)

1. Name

Last

First

MI

2. Title

3. Business Telephone Number

4. Business Fax Number

5. Mailing Address

Address

City

State

Zip Code

6. Physical Home Address

Address

City

State

Zip Code

7. Home/Cell Telephone Number

8. Business Email Address

C. Type of Entity

1. Legal Structure. Check the box that applies to the business entity type of the applicant.

Domestic Corporation
Domestic LLC

Foreign Corporation
Foreign LLC

Partnership
Limited Partnership

Sole Proprietor
Other *

If "Other" describe

2. Formation Documents. Submit Articles of Incorporation or equivalent formation documents verifying the legal formation and operation of the AMC. Attach to this application.

D. Agent for Service of Process:

This section is to be completed if the Applicant is not domiciled in California. Please provide the name and contact information for the person or entity authorized as the Applicant's agent for service of process within California. This agent for service of process must complete the declaration below and have this document notarized prior to submittal.

1. Name

Last

First

MI

2. Title

3. Address (P.O. Boxes not allowed)

Address

City

State

Zip Code

4. Business Telephone Number

5. Business Fax Number

I, _____ (name), am authorized to act as Agent for service of process in the State of California on behalf of _____ (name of AMC) an entity organized and existing under the laws of the State of _____ (current resident state), for purposes of this application before the Director of the Office of Real Estate Appraisers of the State of California to obtain an AMC Certificate of Registration and, thereafter, to operate as a valid AMC in accordance with California law and all of the rights and obligations associated therewith, and I do hereby certify:

The complete address within California whereby I, on behalf of _____ (name of AMC) may be served with process by the Director of the Office of the Real Estate Appraisers or his/her designee is as follows:

Address

City

State

Zip Code

IN WITNESS WHEREOF, I, _____ (Agent Name for service of process) have subscribed my name hereto this _____ (day) day of _____ (month), _____ (year) at _____ (city), _____ (state).

Signature _____

STATE OF _____ COUNTY OF _____

On this _____ day of _____ in the year _____ before me _____ personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed it

Signature of Notary Public

MUST BE SIGNED AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA

PART II: Controlling Persons Information

1. List each name of all "Controlling Persons" of the AMC Including the Designated Officer. Refer to Part IV Section C for a definition of "Controlling Person".

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

2. 4 separate "Appraisal Management Company (AMC) Controlling Person Application" (REA 5002 Rev 07/01/10) form must be included for each of the above listed Controlling Persons and submitted with this AMC application (REA 5001 Rev 07/01/10).

PART III: Application Declaration

I, _____ (name), certify under penalty of perjury in accordance with California law, that I am the Designated Officer and duly authorized as such and understand and agree, individually and on behalf of _____ (name of AMC), to abide by all federal and California laws applicable to appraisal management companies receiving and maintaining a Certificate of Registration under California law. In addition, I certify that _____ (name of AMC) is legally formed pursuant to the applicable state law and, further, that _____ (name of AMC) shall comply with all California laws as necessary in order to validly operate in California. I declare under penalty of perjury in accordance with California law that I am 18 years of age or older and that the foregoing information and information provided on all attachments is true and correct and that I have answered each question fully and truthfully and without any purpose of evasion or mental reservation. I understand that providing false information is grounds for denial or revocation of any certificate of registration and may subject me to disciplinary action and/or criminal prosecution and punishment by imprisonment in state prison for 2, 3 or 4 years pursuant to Penal Code section 126. I also certify, under penalty of perjury in accordance with California law, that if a certificate of registration is issued pursuant to this application, _____ (name of AMC) will, in accordance with Business and Professions Code section 11345.3, include in all of its contracts with clients for appraisal services in California, provision of each of the following as standard business practices, as and where applicable:

- a. Ensuring that all independent contractor or employee appraisers that perform appraisal services for this company in California will possess a California real estate appraiser license in good standing;
- b. Reviewing the work of all independent contractor or employee appraisers contracted by this company to ensure that appraisal services are performed in accordance with the Uniform Standards of Professional Appraisal Practice (USPAP); and
- c. Maintaining, at a minimum, each of the following records for each service request:
 1. The date of receipt of the request;
 2. The name of the person from whom the request was received;
 3. The name of the client for whom the request was made, if different from the name of the person from whom the request was received;
 4. The appraiser or appraiser(s) assigned to perform the contracted service; and
 5. The date of delivery of the appraisal product to the client.

continued on page 4

I also certify, under penalty of perjury in accordance with California law as to the following regarding service of process on _____ (name of AMC)

- a. That service of process on _____ (name of AMC) shall be deemed service of process on each and every Controlling Person individually (as identified by Applicant herein and or as updated by *Appraisal Management Company Change Notification and Miscellaneous Requests Form REA 5011 (New 7/01/10)*, as consistent with the duties and obligations of a Controlling Person within _____ (name of AMC).
- b. That the Applicant hereby irrevocably consents that if in any action commenced against it by the Director of the Office of Real Estate Appraisers or his designee, service of process upon it cannot be made in California after the exercise of due diligence, a valid service may thereupon be made upon it by delivering the process to the Director of the Office of Real Estate Appraisers of the State of California.
- c. That, following such service of process pursuant to the irrevocable consent authorized herein, the Director of the Office of Real Estate Appraisers of the State of California may mail a copy of any such process to the _____ (name of AMC) at the following address.

Address _____

City _____

State _____

Zip Code _____

Executed this _____ day of _____ at _____ (city or county) _____ (state).

Signature _____

Name (please print) _____

STATE OF _____

COUNTY OF _____

On this _____ day of _____ in the year _____ before me _____ personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed it.

Signature of Notary Public

MUST BE SIGNED AND CERTIFIED BY A NOTARY PUBLIC IF EXECUTED OUTSIDE THE STATE OF CALIFORNIA

PART IV. READ THE FOLLOWING INFORMATION PRIOR TO COMPLETING THIS FORM

A. GENERAL INFORMATION

- Complete all sections of Parts I, II and III above
- Do not write in the shaded areas.
- Type or print clearly in blue or black ink.
- The Designated Officer must sign Part III after AMC completion of Parts I and II. Applications must be submitted with original signatures. Applications with electronic or faxed signatures will not be accepted.
- Mail completed application, necessary fees and qualifying documentation to:

OFFICE OF REAL ESTATE APPRAISERS

1102 Q Street, Suite 4100

Sacramento, CA 95811

If you have any questions, please write to the address listed above or call (916) 552-9000

B. APPLICATION FEES

AMC Application Review Fee	\$150
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- All application fees must be paid by pre-printed personal check, company check, cashier's check, certified check, money order, or government purchase order.
- All application fees are non-refundable
- This \$150 AMC Application fee is separate from the \$80 fee charged for each "Controlling Person" application (REA 5002), which is intended to offset the cost of conducting a background investigation on the individual applicant.
- Once OREA approves an AMC applicant and each associated Controlling Person Application, an Issuance Fee will be due to OREA prior to issuance of the final Certificate of Registration.
- Appraisal management companies **MUST** notify the OREA within 10 business days of any change to contact information for the Designated Officer or any Controlling Person by submitting an *Appraisal Management Company Change Notification and Miscellaneous Requests Form* REA 5011 (New 07/01/10). A *Controlling Persons Application Form* REA 5002 (Rev 07/01/10) must accompany the submittal of Form REA 5011 unless:
 - (a) OREA has an approved Form REA 5002 on file for the newly designated Controlling Person; or
 - (b) The new designee holds an active real estate appraisal license with the OREA.

C. DEFINITIONS

"Appraisal Management Company" means:

1. Any person or entity that satisfies all of the following conditions:
 - (A) Maintains an approved list or lists, containing 11 or more independent contractor appraisers licensed or certified pursuant to this part, or employs 11 or more appraisers licensed or certified pursuant to this part
 - (B) Receives requests for appraisals from one or more clients.
 - (C) For a fee paid by one or more of its clients, delegates appraisal assignments for completion by its independent contractor or employee appraisers.
2. "Appraisal management company" does not include any of the following, when that person or entity directly contracts with an independent appraiser:
 - (A) Any bank, credit union, trust company, savings and loan association, or industrial loan company doing business under the authority of, or in accordance with, a license, certificate, or charter issued by the United States or any state, district, territory, or commonwealth of the United States that is authorized to transact business in this state.
 - (B) Any finance lender or finance broker licensed pursuant to Division 9 (commencing with Section 22000) of the Financial Code, when acting under the authority of that license.
 - (C) Any residential mortgage lender or residential mortgage servicer licensed pursuant to Division 20 (commencing with Section 50000) of the Financial Code, when acting under the authority of that license.
 - (D) Any real estate broker licensed pursuant to Part 1 (commencing with Section 10000) of Division 4 of the Business and Professions Code, when acting under the authority of that license.
3. "Appraisal Management Company" does not include any person licensed to practice law in this state who is working with or on behalf of a client of that person in connection with one or more appraisals for that client.

"Controlling Person" means one or more of the following:

- (1) An officer or director of an appraisal management company, or an individual who holds a 10 percent or greater ownership interest in an appraisal management company; or
- (2) An individual employed, appointed, or authorized by an appraisal management company that has the authority to enter into a contractual relationship with clients for the performance of appraisal services and that has the authority to enter into agreements with independent appraisers for the completion of appraisals; or
- (3) An individual who possesses the power to direct or cause the direction of the management or policies of an appraisal management company.

"Designated Officer" means:

A Controlling Person authorized by the governing structure of the appraisal management company to act on behalf of the company for purposes of application for, and compliance with, a Certificate of Registration to operate as an appraisal management company pursuant to California law. The Designated Officer shall be responsible for the supervision and control of the activities conducted on behalf of the appraisal management company by its officers and employees as necessary to secure full compliance with the provisions of SB 257 (Stats 2009, ch. 173), including contract services provided to the appraisal management company for the performance of appraisal activities for which a California Real Estate Appraisal License is required

A. INSTRUCTIONS PART I: Applicant Information

INSTRUCTIONS PART I. A.: AMC

1. **NAME OF AMC** - List the name of the AMC for which you are submitting this application for certificate of registration.
2. **BUSINESS STREET ADDRESS** - List the business address of the AMC for which you are submitting this application for certificate of registration. Do **not** list a P.O. Box, Rural Route or Star Route. List the physical business address. If a physical address is not available, indicate the physical location (i.e., the nearest intersection and distance from it).
3. **BUSINESS TELEPHONE NUMBER** - List the business telephone number of the AMC for which you are submitting this application for certificate of registration.
4. **BUSINESS FAX NUMBER** - List the business fax number of the AMC for which you are submitting this application for certificate of registration.

INSTRUCTIONS PART I. B.: Designated Officer

1. **NAME OF DESIGNATED OFFICER** - List the name of the company's Designated Officer. The Designated Officer must also be a listed Controlling Person and submit an *Appraisal Management Company (AMC) Controlling Person Application* form REA 5002 with this application.
2. **TITLE OF DESIGNATED OFFICER** - List the official title of the company's Designated Officer (i.e., President, Director, etc.) held within the company.
3. **BUSINESS TELEPHONE NUMBER OF DESIGNATED OFFICER** - List the business phone number for the Designated Officer of the company.
4. **BUSINESS FAX NUMBER OF DESIGNATED OFFICER** - List the business fax number for the Designated Officer of the company.
5. **MAILING ADDRESS OF DESIGNATED OFFICER** - List the mailing address for the Designated Officer if it is different from the business address.
6. **PHYSICAL HOME ADDRESS OF DESIGNATED OFFICER** - List the physical location of the Designated Officer's home address. Do not list a P.O. Box, Rural Route or Star Route. If a physical address is not available, indicate the physical location (i.e., the nearest intersection from it).
7. **HOME/CELL PHONE NUMBER OF DESIGNATED OFFICER** - List the main contact numbers for the Designated Officer including home and cellular phone number.
8. **BUSINESS EMAIL ADDRESS OF DESIGNATED OFFICER** - List the business email address for the Designated Officer of the company.

INSTRUCTIONS PART I. C.: Type of Entity

1. **LEGAL STRUCTURE** - Check the box that describes the business entity type of the AMC. If the type is not listed, please provide a description.
2. **FORMATION DOCUMENTS** - Provide copies of the documents authorizing the valid formation of Applicant under the laws of the state in which it is organized (i.e., Articles of Incorporation, D.B.A., Business License, etc.).

INSTRUCTIONS PART I. D.: Agent for Service of Process

1. **AGENT FOR SERVICE OF PROCESS** - This section is to be completed by an individual or entity within California that is designated to accept service of process on behalf of an Applicant that is domiciled outside of California. If an entity is designated as agent for service of process, Applicant must provide documentation verifying that this entity qualifies and is in compliance with California law governing service of process on foreign entities.

B. INSTRUCTIONS PART II: Controlling Person(s) Information

1. **NAMES OF CONTROLLING PERSON(S)** - List the full names of each "Controlling Person" in the AMC for which you are submitting this application for certificate of registration including the Designated Officer. Please refer to Part IV Section C for a definition of "Controlling Person".
2. **CONTROLLING PERSON APPLICATION (REA 5002)** - Attach a completed *Appraisal Management Company (AMC) Controlling Person Application* form REA 5002 for each individual listed as a Controlling Person, including the Designated Officer.

C. INSTRUCTIONS PART III: Application Declaration

1. **APPLICATION DECLARATION** - The Designated Officer of the AMC shall read, sign and date the Application Declaration. If executed outside of the State of California, this declaration must be signed before and certified by a notary public. This form must be signed by the named "Designated Officer" listed in Part I section B of the application.

Privacy Notice - Any individual submitting personal information within the meaning of the Information Practices Act of 1977, as amended (California Civil Code, Section 1798 *et seq.*) shall be entitled to the rights provided under section 1798.17 of that Act and the California Code of Regulations, Title 20, section 3761 regarding access to inspect OREA records containing such personal information about himself or herself. Personal information provided within this application may not be used for any purpose other than to determine an individual's identity and eligibility as a Controlling Person and the eligibility of the relevant appraisal management company for a certificate of registration. Disclosure of personal information on an application to others for any other purpose without the individual's consent, or as otherwise provided in California law, is restricted by law.

NOTE: The following is considered public information and will be disclosed upon request: name and fictitious name, if any, of the appraisal management company; business address (or other physical address) and mailing address of record for the appraisal management company; business telephone and/or facsimile number of record for the appraisal management company; and name and business address of each Controlling Person (as defined herein.)